

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028416

1. Entity Name

CENTRAL HOME CARE SERVICES, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90065 026 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 23148
TAMPA FL 33623-3148

P.O. BOX 23148
TAMPA FL 33623-2148

2. Principal Place of Business

2300 Tall Pines Dr. #100

3. Mailing Address

P.O. 23148

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL.

City & State

Tampa, FL.

4. FEI Number

59-3307591

Applied For

Not Applicable

Zip

33771

Country

USA

Zip

33623

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEIBERT, FLOYD W
2300 TALL PINES DR.
SUITE 100
LARGO FL 34641 33771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	SEIBERT, FLOYD W	2300 TALL PINES DR.							
		LARGO FL 34641								

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLOYD W. SEIBERT

3-2-00

Date

727 538-2196

Daytime Phone #

CR2E034 19/99